

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 NICS Check Completed by (RPD): \_\_\_\_\_ Date Completed: \_\_\_\_\_

### Waiver and Release:

I am a retired officer of the Rochester Police Department who is eligible to attempt to qualify to carry a concealed firearm, pursuant to the Law Enforcement Officers Safety Act of 2004 (18 U.S. Code §926C).

To be eligible, I understand that I must not have been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that I am a danger to myself or to others or am incompetent to manage my own affairs) OR have ever been committed to a mental institution.

I recognize that the Rochester Police Department is not legally required to provide a firearms qualification course or with firearms instruction.

I understand that to do so, I will be required to fire my weapon under the direct supervision of the Rochester Police Department instructors.

I agree to defend, indemnify and hold harmless the City of Rochester and Rochester Police Department, or its agents and employees, for any injury caused by my participation in this qualification process. I further waive any claim for damages against the City of Rochester and Rochester Police Department, or its agents and employees, for any injury suffered by me while participating in this qualification process.

Further, I hereby specifically agree to defend, indemnity and hold harmless the City of Rochester and Rochester Police Department and/or its officers and employees, from any and all liability resulting from my carrying and/or use of any weapon allowed under the Law Enforcement Officers Safety Act of 2004, including, but not limited to, civil litigation.

I also understand that laws may differ across jurisdiction and it is my responsibility to familiarize myself and abide by these laws governing the use and possession of firearms and ammunition.

.....  
 Name of retired officer (print)                      Signature                                      Date

.....  
 Sworn Officer or Notary                              Signature                                      Date